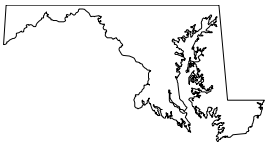
ACCESS TO HEALTH CARE



Increase Access to Necessary Health Care Services for Marylanders

Definition

Access to quality health care has been defined by the Institute of Medicine as, "the timely use of personal health services to achieve the best possible health outcomes." Ensuring access to health care is one of four enabling goals proposed by *Healthy People 2010* to promote progress toward achieving the overarching goals of increasing quality and years of healthy life, and eliminating health disparities.

Problem

Access to health care is impacted by a number of influences, including the ability to pay for care, the availability of health services, and social and cultural barriers. All three factors have broad-reaching implications for unmet health care needs of millions of Americans on a daily basis. Emphasis is usually placed on the inability to pay for health care (or the lack of health insurance) as the primary problem facing a large portion of our society. However, the availability of health services, as well as the social and cultural barriers that many Americans and Marylanders face are also major contributors to any problem with lack of access to health care services.

To date, most initiatives to improve access focus on providing health care to those who cannot afford health insurance, either employer-based, or publicly subsidized. But the remaining two factors--available health services, and cultural and social barriers--while more difficult to objectively address, are vital components to the access problem in the United States and in Maryland. Analyses of these two factors in Maryland, in combination with information on health insurance coverage, will provide a broader-based overview of all reasons for the limitations on access to health care in Maryland.

While it is possible and very helpful to examine raw numbers of primary care and specialist providers in the varied regions of Maryland, it has proven more difficult to capture information on providers who are willing to participate in expanding managed care systems.

Cultural and social barriers to use of the health care system are many, and are especially difficult to quantify. Existing data collection does not adequately identify these impediments to access, from both a provider and consumer viewpoint, especially to the local level. Anecdotal information provides snapshots across Maryland of numerous biases and beliefs which affect both the provider's willingness to give care and the consumer's utilization of needed services, but no system currently exists to fully capture this important information.

Available information indicates that the State of Maryland, as a whole, has a number of access issues. It is very difficult to demonstrate through the maze of available data, from both public and private sources, exactly what the most important access issues are, both to Maryland as a state and to its varied regions. Accounting for regional/local variations in assessing health care needs to be a vital part of any strategic planning meant to improve access on a statewide level.

Determinants

Health Insurance

Lack of health insurance coverage may be the strongest indicator of inferior access to health care. Nationally, the Current Population Survey estimates that 44.3 million people, nearly one in six, did not have health insurance as of March, 1999. The number of uninsured has been increasing by about one million per year since 1980. Behavioral Risk Factor Surveillance System data for 1998 estimates national uninsurance rates among non-elderly adults from a high of 23.6% in Texas to a low of 5.9% in Hawaii.

Data show that those without health insurance use fewer health care services, are less likely to have a usual source of health care, and are more likely to be unable to obtain needed care or to forego care or needed prescriptions.

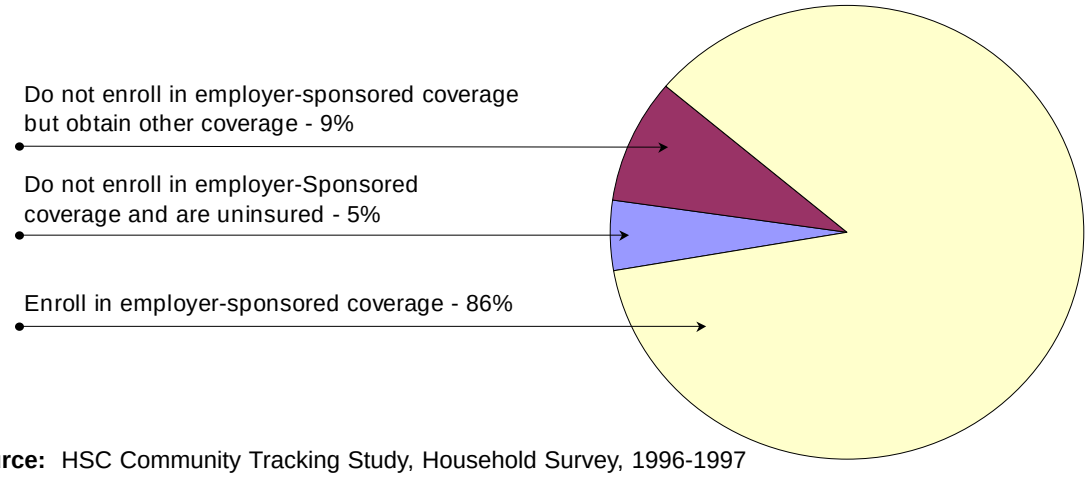
HEALTH CARE ACCESS
SAMPLING OF STATE DATA
Do You Have Any Kind of Health Care Coverage?

	Yes	No
Nationwide	**87.0**	**13.0**
Delaware	92.0	8.0
District of Columbia	88.4	11.6
Hawaii	94.1	5.9
Maryland	**86.4**	**13.6**
Pennsylvania	89.2	10.8
Texas	76.4	23.6
Virginia	87.8	12.2

Source: Behavioral Risk Factor Surveillance System, 1998
Note: **Expressed as % of survey answers; ages 18-64.**

Uninsured does not necessarily mean unemployed. In general, the primary source of health insurance for Americans is the place of employment. According to a recent survey by the United States Department of Health and Human Services, seven out of eight uninsured in the nation live in families with at least one working adult. More than two-thirds of persons in the United States under age 65 have access to employer-sponsored health insurance either directly through their own employers or indirectly as dependents of family members who are offered insurance by their employer. Of those who do have access to employer-based health insurance, 14% are not enrolled, according to a Health System Change Survey from 1997-1998. Data from this survey also show that most of those people not enrolled in offered insurance plans (two-thirds) have other coverage, both public or private-sponsored health insurance. The remaining one third, or 5% of all persons with access to employer-based health insurance, are not enrolled. This 5% represents 7.3 million uninsured people, or about 20% of all uninsured, including 2.2 million children.

Health Insurance Choices for Persons with Access to Employer-Sponsored Coverage



Source: HSC Community Tracking Study, Household Survey, 1996-1997

Access to Health Care in Maryland

Ability to Pay for Care

Maryland's statistics are slightly better than those of the nation as a whole. The Maryland Health Care Commission has calculated three year averages for the uninsured in Maryland, using Current Population Survey data. These data demonstrate that the Maryland uninsurance rate has remained fairly constant since 1995 at between 13% and 14%. This represents approximately 700,000 people. While better than the national three year average of approximately 16%, this does mean that close to one in seven Marylanders have no health insurance coverage.

An analysis of the Maryland Behavioral Risk Factor Surveillance Survey data for 1996 and 1997 by the Maryland Health Care Commission (ages surveyed: 18 to 64) demonstrated that two-thirds of those surveyed who had no health insurance were employed. Although lower levels of income are associated with greater risk of having no health insurance, nearly one quarter of the uninsured reported household incomes of $25,000-$34,999, and 15% of uninsured adults have household incomes of $50,000 or more.

The presence of health insurance does not ensure adequate coverage for some necessary services. The number of underinsured can also impact utilization of preventive and post-acute services, such as general screening, physical and occupational rehabilitation, mental health and substance abuse counseling and therapy, and prescription drug affordability.

Availability of Services

A continual source of care is one of the most important ways to improve primary care. The benefits of a continuum of health services, which can be provided and managed by a primary source of care, place needed emphasis on preventive services, and efficient delivery of care.

While national statistics place Maryland, as a whole, in a very favorable light for adequacy of primary care providers, there exist many pockets of underserved populations across the State which lack access to "willing providers," both primary and various speciality providers. The advent of managed care organizations, especially for the Medicaid population, has adversely influenced some providers' willingness to provide services and also to agree to take consigned fees for services given to their Medicaid patients.

Social and Cultural Barriers

While the availability of health insurance, and the ability to utilize primary care when needed, are major determinants in assuring access to health care, there are many other factors that may influence and inhibit access to care. Lack of cultural competence on the part of providers, consumers' inability to understand the health care system, lack of transportation and appropriate hours for services, inappropriate and ineffective outreach programs, and lack of focus on preventive services all contribute to both decreased access to and decreased utilization of health care resources.

Disparities

In Maryland, minorities are twice as likely to be uninsured as white, non-Hispanic residents. At all income levels, minority groups comprise a higher percentage of uninsured. More than half of all adults in Maryland who are uninsured are between the ages of 18 and 34. While these young adults comprise 13% of the adult population in Maryland, they account for 25% of uninsured adults.

Objective 1 - By 2003, incorporate into existing reporting requirements, quantification of access to health care among residents of Maryland, to the county level. (Baseline - developmental)

Action Steps

The Department of Health and Mental Hygiene will:

- ⇨ Establish a Task Group to direct examination of access to health care in Maryland. This examination will include *all* aspects of access and utilization of health care services, and include an examination of the feasibility to develop local level data**.**
- ⇨ Identify and coordinate Task Group efforts with existing partners, public and private, who have roles in collection and dissemination of data related to access to health care in Maryland.
- ⇨ Recommend and recruit the appropriate state agencies to collect and analyze information on access and utilization of health care, as directed by the Task Group.
- ⇨ Utilize existing data collection where possible.

Examples:

Survey of local providers, consumers and appropriate stakeholders regarding insurance status, barriers to care, beliefs/values about preventive care, etc.

Catalogue existing access resources, e.g. pro bono services, in kind services, volunteer organizations, subsidized care, plans to provide universal access, and federal and state resources.

The Health Care Access Task Group will:

⇨ Publish at least one compendium of data, related to existing data on access measures in Maryland, and including data at the local level.

⇨ Publish a report to identify "shortfalls" and gaps in information collection systems on access to health care in Maryland, and provide remedial strategies for collection of missing information.

⇨ Publish a Task Group report, which will identify and prioritize target populations, critical access issues, and barriers to achieving universal access and utilization of health care for all Marylanders, based on the analysis of information from the designated state agencies.

Objective 2 - By 2006, develop and publish a strategic plan that includes measurable objectives for improving access deficiencies among all Marylanders as documented in the Health Care Access Task Group Reports. (Baseline: No comprehensive plan of this type existed in 2001.)

Action Steps

The Department of Health and Mental Hygiene, in coordination with the Health Care access Task Group, will:

⇨ Research and identify relevant health care access, enhancing "best practices" in Maryland and in other states for possible replication in appropriate regions of Maryland.

⇨ Support development of consensus within the Health Care Access Task Group on selection of appropriate strategies in Maryland and from other states for adoption, with any needed revisions, and implementation across Maryland.

Objective 3 - By 2010, report on progress in improving access to health care across the State. (Baseline: Language in this objective will be revised to provide a measurable basis consistent with objectives that will be included in the 2006 strategic plan and also documented access shortfalls compiled by various agencies in 2003.)

Partners

Maryland Community and Public Health Administration, DHMH • Maryland Department of Health and Mental Hygiene (DHMH) • Maryland Health Care Commission • Maryland Local Health Departments • Maryland Medical Care Program, DHMH • Office of Health Policy, DHMH • Office of Primary Care Services, DHMH • Office of Public Health Assessment, DHMH

References

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Cross-Reference Table for Access to Health Care

See Also

Allegany County 144
Anne Arundel County 152
Baltimore County 158
Carroll County 172
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